

Supplement Attached

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 206  
Registered No. 152

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 510 Gibson St. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child

Paulblita Chavez  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Legitimate?

Female  
yes

5. No., in order of birth

1

6. Legitimate?

yes

7. Date of birth

June 29, 1925  
Month Day Year

8. FATHER

Full name Composo Chavez

9. Residence (Usual place of abode)

Miami, Ariz.

If non-resident, give place and state.

10. Color or race

Mex.

11. Age at last birthday

42 (Years)

12. Birthplace (city or place)

Chihuahua

(State or country)

Mex

13. Occupation

Nature of industry Laborer

14. MOTHER

Full maiden name Raymunda Hernandez

15. Residence (Usual place of abode)

Miami, Ariz.

If non-resident, give place and state.

16. Color or race

Mex.

17. Age at last birthday

22 (Years)

18. Birthplace (city or place)

Chihuahua

(State or country)

Mex

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

6

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 10:30 p. m. on the date above stated

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.  
Physician

(Physician or midwife)

Given name added from a supplemental report.

Month, day, year

Address Miami, Ariz.

Filed July 5, 1925 C. E. Dorn  
Registrar

Registrar

739-629-989

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.